The Official Journal of the Queen's Institute of District Nursing

MAY 1959 · No. 2 · Vol. 2

District Nursing

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Editorial

FOR some time the Queen's Institute has been receiving enquiries about the use of state enrolled assistant nurses in the district nursing service, and the experience of those authorities who have employed S.E.A.Ns for domiciliary nursing. As a result the Institute, with financial assistance from a Boots Research Scholarship, organised a comprehensive survey, the initial report of which appears in this issue.

Although primarily concerned with training and education, and guidance in the establishment of district nursing services overseas, the Institute is always ready to devote its seventy-two years' unique experience to the study of any aspect of the public health services, whether practical or administrative, for which there is a demand for knowledge of common practice and experience, and the latest techniques.

In recent years the Institute has carried out surveys on a wide range of subjects that include tuberculosis nursing in Britain, the Netherlands and Scandinavia; the future scope of district nursing and its personnel; injection therapy; district nursing records; and posture and lifting, a most popular study that has led to the production of films and film strips on its findings.

In many instances the surveys are made possible by grants towards the expenses by Boots and R. A. Pilkington scholarships.

Surveys are also carried out in conjunction with allied organisations on topics such as the home care of old people or the nursing of cancer patients at home.

Where they are of general interest reports of these surveys are circulated to local authorities. The information is also kept available at Institute headquarters and is sent to anyone interested on request.

If any local authority desires information on a subject relating to public health nursing, the Institute will always consider whether a special study can be undertaken. Special studies and surveys are just one of the ways in which the Queen's Institute serves the community.

Published for the Queen's Institute of District Nursing by Queen's Nurses' Magazine Limited, 57 Lower Belgrave Street, London S.W.1
Subscription rates: 12s 0d a year. Editorial offices: 57 Lower Belgrave Street, London S.W.1. Telephone SLOane 0355-8
Advertising agents: S. & H. Fretwell Limited 92 Fleet Street, London E.C.4. Telephone FLEet 5587-8

Our Vital Year

by Lieut. General Sir Terence Airey,
Centenary Appeal Organiser

IF he were alive today, the founder of district nursing would without doubt be the firs: to insist that his great idea should be geared to the ever changing needs of mankind; that it should add all the weight of its long tradition of voluntary effort and private financial support to the task of the National Health Service.

If we are to adjust ourselves in such a way as to keep the stream of voluntary support flowing, constantly bringing new knowledge and techniques into the sphere of domiciliary nursing, meeting new charges but at the same time reaching out and bringing district nursing into far away homes overseas, we have to be sure of a large sum of money. In terms of costs, training, overheads, this amounts to £250,000.

This means that, starting now, when the appeal is beginning, and allowing a year before the inspiration of the centenary begins to taper off, we have to raise nearly a thousand pounds for every working day until the 1st May 1960.

I need hardly say that this is no easy task. There are no end of difficulties and plenty of people to point them out. There are many competing and deserving charities. But that does not mean that we shall find it too difficult to raise enough money for our own vitally important work.

The Queen's Institute now has a great role to play side by side with the National Health Service. Remember, too, that in every county or borough, whether it is affiliated or in membership, or neither, with the Queen's Institute, there live approximately the same number of people of goodwill who want to see the Queen's nurse continue and who believe in the value of the voluntary support which lies behind her and in the personal touch which the system ensures in such an important branch of human relations.

Throughout the country there is a great reservoir of affection for the district nurse and confidence in her organisation. This, of course has been built up by the nurses themselves and it is they who can help us most.

The appeal is now developing, but we need your help in spreading it and in filling in the gaps. In many areas we have got local committees working with enthusiasm and devotion. In some cases it has been possible to get some one to organise a county appeal and to spread it over the county. In others it has seemed more feasible to start with a small group in a village or so, and try to spread it from there by getting others to follow the example. You can help us to do this because you are on the spot and can pass on your enthusiasm.

From all quarters we hear that nurses have organised fund raising activities and the fund has already received some splendid contributions. Queen Elizabeth The Queen Mother has agreed to accept purses for the fund at her Review of District Nurses at Buckingham Palace on the 1st July next. These purses will contain a slip of paper stating the amount collected for the fund by the nurses of each county or county borough, and we hope that as many as possible will be represented. This is up to 1st July only, and we do not intend to close the collection on that date.

At Headquarters we are doing all we can to enlist the support of industry and commerce, the foundations and trusts, and private individuals. We are doing all we can to get the sympathy of the national press and to organise central fund-raising activities. But our best chance of success lies in collecting small sums over very large areas. For example, just think what it would mean if every medical practitioner and every chemist's shop, all of whom have every reason to admire and support the district nurse, would subscribe even five shillings each. We should have no difficulty then.

You are extremely busy and probably short-handed. But it is only the people who are already very busy who achieve great results and who can do anything really effectively. So, to a large extent, we depend on you. If nothing has already been started where you work, *please* see what you can do to help us to get something going. Once we have a foothold we can extend it and the gaps in our appeal will soon close. If you already have so much work that you can do no more, please persuade your friends outside the nursing profession to start a small committee or group. We shall be behind you and them, prepared to send you what you need in the way of literature, contacts and advice. We have already asked all the mayors of England and many other influential people to help you. Please keep in touch with what other people are doing through **District Nursing**, *and* please write to me for help.

WHICH CAN YOU USE?

Appeal Leaflets for general use and for industry
Speakers' notes — **Press releases**
Queen's Institute Collecting boxes and labels
Regulations on raffles — **Rules regarding collections**
Financial guidance for organisers — **Posters**

Any of these items will be gladly forwarded free of charge. Please write to The Centenary Appeal Organiser, Queen's Institute of District Nursing, 57 Lower Belgrave Street, London, S.W.1.

Come to Fulham Palace

Saturday 30th May 2.30–8 p.m.

OVER one thousand nurses are co-operating in a garden party and sale of work in aid of the Centenary Appeals of the Institute and of the Central Council for District Nursing in London. It is being organised by the Association of Queen's Nurses.

Attractions include a military band, Morris dancers, a children's dancing display, flower arrangement demonstrations, and excellent teas. There will be side-shows, raffles, coconut shies, a tombola, and stalls with cakes, fruit, provisions, holiday and picnic goods, amidst gardens which are truly a delight and well worth a visit.

Admission is by programme, price one shilling, which you can buy from your own district nurse or at the door. (In case of difficulty, contact the organiser, c/o Q.I.D.N., 57 Lower Belgrave Street, S.W.1.) Programmes will be numbered and there will be a variety of attractive prizes. The lucky numbers will be published in the July issue of **District Nursing.**

Use of S.E.A.Ns on the District

In her study on State Enrolled Assistant Nurses Miss C. M. DOLTON reached the following main conclusions

1. It is abundantly clear that in controlled situations, workers with less preparation than the fully qualified Queen's nursing sister can make a worthwhile contribution, and there are times in the course of illness when selected patients may not continuously require the special skills and ability of the state registered nurse, and can be well cared for by the S.E.A.N. if supervised by the fully qualified nurse.

2. That members of our profession and all concerned with the district nursing service need to consider the state enrolled assistant nurse as a member of the nursing team and not as a dilution of the service, or the acceptance of the second best.

3. That it is not so much the list of treatments or procedures which the S.E.A.N. "can or cannot do" but the condition of the patient to whom the treatment is given which should be the deciding factor as to whether an S.E.A.N. or S.R.N. should attend.

4. That the S.E.A.N. depends upon the leadership and attitude of the group into which she is accepted, and we should not be too reluctant to adopt a new idea, when the objective and goal is for the ultimate benefit of the patient.

5. That the title Queen's nursing sister should be more fully used and would be better understood by the S.E.A.N. working with her.

6. That many superintendents are unwilling to consider the appointment of S.E.A.Ns when it means a curtailment of their establishment figure, for an S.R.N. is more mobile and too valuable a member to exchange for an S.E.A.N. This might be overcome if the idea of using the Welfare Section of the National Insurance Act 1948 for the use of S.E.A.Ns were to be further explored.

7. The Course as planned by Headquarters and carried out by Bristol D.N.A. appears still to be good, but it seems unlikely that S.E.A.Ns can travel to any special location for training. Such courses could well be developed in other areas for their local staff.

8. That there is a high wastage between the "assessed pupil assistant nurse" and the enrolment of such a member. District nursing might be an added incentive if the course open to the S.E.A.N. were more widely known.

9. That the General Nursing Council be approached with the suggestion that a period of time during the second year of a senior pupil assistant nurse's time of training be spent with a Queen's nursing sister.

The detailed report which begins below is at present being considered by an *ad hoc* committee of the Queen's Institute of District Nursing

THIS study was carried out on behalf of the Queen's Institute of District Nursing and made possible by the generosity of Boots Pure Drug Company, who made a grant towards the expenses.

A State Enrolled Assistant Nurse is one who after being assessed has taken a training of one year's duration as a pupil assistant nurse, continuing with one year of nursing experience under trained supervision in hospital, after which she is "enrolled" by the General Nursing Council.

The purpose of the study was:—

1. To investigate whether a greater use should be made of the state enrolled assistant nurse in the district nursing service of our country.

2. To consider if the special preparation in district nursing for the state enrolled assistant nurse given by the Queen's Institute needed to be altered or adapted to meet the needs of the assistant nurse in the future.

It was known that much study had been made in the United States of America on the training of the practical nurse, and her services increasingly used in the United States. A visit of four weeks to the U.S.A. was therefore a valuable part of this investigation and study, which was made over as wide a field as possible.

Several hospitals were visited in various parts of our country, the matrons and tutors all being most co-operative and hospitable.

My time was spent partly in discussion, asking and answering questions; observing and taking part in the pupil assistant nurses' tutorials and practical demonstrations; and seeing some of them on duty in the wards and out-patient department.

Some hospitals trained pupil assistant nurses only in preparation for becoming S.E.A.Ns, others trained both pupil assistant nurses and student nurses training to become state registered nurses. Matrons and tutors varied in their opinions regarding these systems.

A tremendous amount of improvement has been effected in these hospitals during the last ten years and many alterations are being made and additional buildings added. State registered nurses are in charge of the wards and there appear to be excellent opportunities for the training of assistant nurses.

The following two examples are typical:

In one hospital approved for the training of 100 student nurses and 25 pupil assistant nurses, the matron would like to have a ratio of 140 and 40 to be well staffed. The majority are non-resident.

The student nurse section and the pupil assistant nurse sections have separate tutors and separate lecture and demonstration rooms; but the students and pupils work together in training on the wards in " group assignments ", each group having five patients and working as a team in carrying out all duties for them.

There is a pre-nursing course and girls are accepted for work in various departments. They continue to attend school on one or two days per week and take the examination for the general certificate of education.

According to the standard they have reached they can either take their general training and become state registered nurses, or become assistant nurses. Some of these assistant nurses become excellent practical nurses. They have good manual dexterity, and really wish to nurse, but they have limited ability, are not academic, and cannot cope with examinations. With good experience and teaching from their tutor they become observant and can report well.

The pupils are from Britain and from the Commonwealth. There is a " parents' day " for all students and pupils when an individual talk regarding their daughters' progress can be arranged with the matron. Having assessed the nurses' capabilities some are advised that they should take the assistant nurses' training and then be on top of their work, rather than train for state registration probably to become perpetually worried and lagging behind. Many, it seemed, accepted this advice, though usually wished they could train for the State Register.

In the second example the matron is keen that the hospital should undertake the training of assistant nurses only. There are 640 beds with acute wards and a modern theatre where major surgery is carried out, also a maternity block of 56 beds.

There are 64 pupils at various stages of training—90 are required for a full staff. Cadets are taken, usually from the secondary modern schools, but only if they intend to train in that hospital.

They are 17–18 years of age and work in all departments, helping with messages, writing up records, going to and from the dispensary; but they do not go on the wards.

In accordance with the training scheme of the General Nursing Council, pupil assistants are taken three times yearly, in January, May and September. The first six weeks are spent in the preliminary training school studying anatomy, physiology, hygiene and first aid with duty on the wards on Saturday mornings only, from 8 a.m. until 12 mid-day.

After the six weeks, and for the remainder of the months prior to their assessment, they are on the wards, returning every two or three months for one week's study in the school; and then for a full study period amounting to five weeks of four hours per day.

After their assessment, they have two opportunities of further school study until the completion of their two years of training when they become enrolled assistant nurses.

In another hospital the matron expressed a desire for the pupil assistant nurses to have the opportunity of visiting with the district nurses as the student nurses do under the G.N.C. syllabus for the state register.

The tutor in another hospital included, in the second year, instruction on the care of the aged at home and the services available under the new health act; and reported it to be of great interest to her pupils.

Occupational Nursing

The principal nursing officer of Unilever Ltd., was most helpful in discussing the use of the S.E.A.N. State enrolled assistant nurses are used from an economy point of view where the firm is small and there is little work to be done, rather than the state registered occupational nurse. Neither is subject to the Whitley scale of salaries.

In heavy industry on radioactive factories state registered nurses are always employed, with perhaps a S.E.A.N. to help them. The S.E.A.N. will carry on in the surgery, attending to dressings, packing of drums, etc., and relieves the S.R.N. to undertake health supervision and health teaching in the work shops. They each wear a distinctive uniform.

District Nursing Associations

The two centres approved by the Queen's Institute for the carrying out of the course of instruction for the assistant nurses were visited.

Bristol D.N.A. has carried out the course since 1951 and there are still three members of the staff who took the original course. All agreed a course to be essential and felt very strongly that S.E.A.Ns need to be experienced before taking up district nursing and should not commence at too young an age.

Each of these members of the staff worked with two Queen's nursing sisters and appeared to co-operate well.

Bristol D.N.A. is only able to plan the course for members of their own staff, possibly four pupils at a time. The course is over a period of three months consisting of a full study day once weekly, followed by a round—weekly for the first month (more often if necessary), then at least fortnightly until the end of the course —by the area superintendent. There are two area superintendents, who are the tutors, and the pupils they train are supervised by them afterwards.

New cases are always seen by the Queen's nursing sister at the first visit and an assessment is made of the nursing and social needs of the patient before asking the S.E.A.N. to visit. These cases are seen by the Queen's nursing sister periodically, the S.E.A.N. reporting to her frequently and always when there is any change of treatment ordered by the doctor, or a change in the patient's condition.

The Bradford Home, Manchester D.N.I.

Although approved in 1951 to give this course of instruction for the S.E.A.N. the experiment has not been very successful. Recruitment has been difficult and as the

home is also a midwifery training school the superintendent has not had sufficient staff to organise the course or to supervise the work of S.E.A.Ns.

County Nursing Association

Lancashire County Council has 420 domiciliary nurses on the staff and of these 60 are state enrolled assistant nurses. They were appointed for an experimental period of 18 months and they have been placed in the residential areas of the county, where there are many retired and lonely people. The county superintendent considers that they are eminently suitable for the nursing work required in such areas.

Contrary to the recommendations of the majority report of the working party on the training of district nurses, the county superintendent considers that some training for the S.E.A.N. undertaking domiciliary nursing is necessary and therefore a course of three weeks instruction has been planned and is carried out.

During this time the S.E.A.Ns have full salary, travelling and subsistence allowance, and at the end of the time there is a test paper and practical test.

Definite instructions are given to the Queen's nursing sister with whom the S.E.A.N. works. Usually the older and more mature women are the ones appointed. These appointments are made centrally so that there is no danger of differing standards.

The employment of the S.E.A.N. is not considered to be an economy but the county medical officer considers it permissible for a local authority to use the welfare section of the National Assistance Act 1948 to the full, and to employ them for the "handicapped person" i.e. a person who is substantially and permanently handicapped by illness, injury or congenital deformity or such other disabilities, etc. In this way the establishment figure for domiciliary nurses is not interfered with.

The S.E.A.Ns need to be carefully selected, but usually they are mature and unhurried. They can help people with getting up and with rehabilitation to enable the young state registered nurse to be free to attend to the more acute work.

Visit to the United States

The visit to the United States of America was most valuable. It gave a much wider concept of the Study, a different angle of approach and a greater opportunity for developing constructive suggestions. Made possible by the generosity of a Boots Research scholarship it was sponsored by the National Council of Nurses of Great Britain and Northern Ireland. Both the American Nurses' Association and the National League of Nursing gave their co-operation.

The A.N.A. members are professional registered nurses only. The N.L.N. members are professional and practical nurses, nursing aides, men and women of allied professions interested in good nursing, nursing service agencies, etc.

This League can and does receive grants and gifts to assist it financially. The A.N.A. cannot because of a measure of "lobbying" which the A.N.A. can do by having a representative at Washington to watch nursing interests. It cannot legally, therefore, or because of taxes, receive grants or gifts.

As the practical body, the N.L.N. had decided to appoint a consultant to the staff to study the practical nurse situation.

Increasing recognition is being given to the fact that in controlled situations, workers with less preparation than fully qualified public health nurses can make a worth-while contribution of their own. In other words, there are times in the course of illness when selected patients may not continuously require the special skills and abilities of the registered nurse and can be well cared for by a practical nurse, if supervised by the fully qualified member.

At the Brooklyn Visiting Nurse Association, New York, there is a staff of 77 visiting nurses and 20 practical nurses. The latter are considered and recognised as an integral part of the nursing staff. They are prepared, and make selected visits to patients with illnesses of acute, convalescent and long term nature. Assignment of these visits is made by co-operation with the supervisor, public health nurse and practical nurse.

The public health nurse assumes responsibility for the patient with the practical nurse assisting in care, so that adequate provision for nursing needs may be maintained.

There are many applications from practical nurses to work for this association and therefore Brooklyn V.N.A. has a choice. They are all licensed practical nurses with one year of hospital experience following their one year of training. Their average age is 30–40 years and they are more stable and remain longer with this association than the young registered nurse seems to do. Generally speaking, every fourth or fifth visit to a patient is paid by the registered nurse.

DISTRICT NURSE TRAINING TODAY AND TOMORROW

THE Institute is arranging an open conference on this important subject, for Thursday 21st May 1959 at the Royal College of Surgeons, London, W.C.2. In conjunction with the conference, which begins at 2.15 p.m., a small exhibition will be open from 11 a.m.

Discussions will follow the addresses:

What the Community expects of the District Nurse: RONALD W. ELLIOTT, M.D., M.Sc., D.P.H., County Medical Officer, West Riding of Yorkshire.

District Nurse Training Today: MIRIAM I. SANKEY, S.R.N., S.C.M., D.N. Tutor, H.V. and Q.N. Certs., Queen's Visitor, Western Area.

Thoughts on District Nurse Training in the Future: AUGUSTA BLACK, S.R.N., R.S.C.N., S.C.M., H.V. Tutor and Q.N. Certs., Education Officer, Q.I.D.N.

Further information and admission tickets may be obtained from the General Secretary, Q.I.D.N., 57 Lower Belgrave Street, London, S.W.1.

In Brooklyn, as well as the central office, there are eight offices or centres, administered by a supervisor.

At 8.30 a.m. each morning nurses meet, discuss cases, make phone calls, write up their notes and also their books. At 10 a.m. they go out on the district. They ring for other calls at 2 p.m.; and at 5 p.m. go off duty, having had half an hour for lunch. They work a five day week of eight hours a day.

The practical nurse's salary is about 75 per cent of the registered nurse's, therefore this does not make for any problems. They use their cars, for which an allowance is paid, if they wish.

Brooklyn V.N.A. does not co-operate with any training scheme for the practical nurse.

A home care programme has been carried out for ten years at the Montefiore Hospital, where there is also a school of practical nursing.

Dr. Warner, the full time public health administrator, has a staff of five physicians—part-time on the staff of the hospital. Each physician is responsible for 15–20 patients, almost as though he had his own ward, but spread out over a section of the borough. He can get everything he needs from the hospital, and carry out whatever he wishes to do from the clinical point of view without financial stress—equipment, oxygen, ambulance, nurses, social workers, nutritionists, occupational therapists. There is always a weekly conference of all these members of the staff.

The nursing is carried out by contract with the Visiting Nurse Service of New York, and there is a part-time public health co-ordinator who attends these weekly staff conferences. These are also attended by the practical nurse students.

The practical nursing school is a well organised programme and the students get many opportunities. They appear to be carefully selected. They have free tuition, uniform, laundry, living quarters and a stipend.

The school is a separate building from the hospital, and has a director of education and a nursing arts instructor.

These practical nurse students spend four weeks of their year's training in home care nursing. Because there are so many students to fit into the curriculum, some seven or eight of them are bound to commence in this field immediately after their pre-clinical period of 19 weeks in the school.

A public health nurse tutor is responsible for these seven or eight students, and works in co-operation with the physicians in the home care programme. They have a district room in the hospital with sterilised packets of wool, gauze, etc., and they do appear to take all they need, prepared, from this room. The tutor uses some of the senior students to assist her, but depends very largely on the telephone.

This constitutes their practical nurse training. The students then go into the hospital for all other clinical experience. This does appear to be a very good training school for practical nurses and is held in esteem generally. Many of these nurses remain in the staff of the hospital.

Discussions on practical nurse training and the visiting nurse service took place also in Rochester, Buffalo, and Detroit.

The Rochester programme gave the most complete picture from the commencement of the practical nurse training until she is an established member of the visiting nurse team.

Under the adult educational scheme of the Jefferson High School, practical nurse training is free and lasts one year.

The staff consists of the director of the practical nurse programme, two instructors of nursing arts, one clinical dietitian or home maker.

The class usually consists of 30–36 students, divided into three groups, and they rotate over the 18 weeks of pre-clinical experience. The school day is from 8 a.m.–3 p.m. and the classes begin twice yearly in February and September.

After this pre-clinical period the students divide. Half go to the Genessee hospital, which is an acute hospital. Mrs. Davis, R.N., the clinical instructor in nursing arts, gives individual instruction in surgical work, paediatrics and obstetrics.

The students then change over and go to the Monroe county hospital which is a large hospital for the chronic sick and medically indigent. Here they have three months training.

Rochester Visiting Nurse Service

Miss Elizabeth Phillips, the executive director (who is also chairman of the advisory board of the practical nursing training school) arranged for the whole picture of this nursing service.

Conferences were arranged with her assistant director, education director, supervisors of nursing areas, supervisor of physiotherapy and the consultant on nutrition.

The whole training of the public health nurse is different in the U.S.A. and the training of the practical nurse is bound also to differ from that of the state enrolled assistant nurse. This visiting nurse service is a training area for the student professional nurse who is taking four years to become a public health nurse. They therefore have some eighteen students always with them for eight weeks training. (They " carry patients " after the first four days.) Any practical nurse who comes on to this staff shares this orientation.

No practical nurse is appointed unless she is licensed and has had at least one year of hospital experience after obtaining her licence. A registered nurse will take her out to patients for one or two days, or another practical nurse may take her.

In Buffalo there was the first junior practical course of nursing with 16 students of 16 years of age, and also an adult practical nurse course of 32 students with an education director for each course. They were located in excellent class rooms, laboratories and home-craft department in the Marsden vocational high school.

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From the book "A Hundred Years of District Nursing" to be published later in the year by Allen & Unwin at 18s.

The Liverpool Experiment

by ***MARY STOCKS, B.Sc.***

HAVING failed to secure trained recruits for his projected district nursing service, William Rathbone "wrote to Florence Nightingale for advice."[1] But did he? Research has failed to produce the letter, or her reply to it, among the carefully cherished records of Rathbone-Nightingale collaboration.

Telling his own story, William Rathbone says: "I went to Florence Nightingale who told me I ought to train our own nurses in our own hospital, The Royal Infirmary."[2] Having played an active part in helping to pin-point official responsibility for the breakdown of the Crimea army commissariat, it is not unlikely that William Rathbone was known to Florence Nightingale and able to effect entry to her holy of holies at that time located in the Burlington Hotel.

So to the Liverpool Royal Infirmary William Rathbone directed his attention. Its possibilities as a nurse training school appeared bleak. There were three or four tolerable nurses; the remainder, earning £10 a year, were unreliable and inefficient. William Rathbone was assured that while the government of the hospital remained as it was, no change could be hoped for. Further enquiry revealed that the chairman, Mr. Gibbon, "tho' intensely conservative in his ideas"[3] might prove co-operative.

William Rathbone found that this was indeed so. Mr. Gibbon's chief difficulty appeared to be lack of accommodation for nurses or probationers. William Rathbone had an answer to that. Would Mr. Gibbon give his blessing to an experiment in nurse training if suitable accommodation were provided by William Rathbone at his own expense—such accommodation to become the absolute property of the hospital should the experiment fail? Mr. Gibbon agreed and, writes William Rathbone, "my savings enabled me to erect the nurses' home and give that accommodation."

The next step was to recruit a committee and draw up a prospectus embodying the proposed scheme, with a view to publicity and an appeal for financial support. The scheme had a threefold object: to provide (*a*) educated professional nurses for the Royal Infirmary, (*b*) "district or missionary nurses" for the poor, (*c*) nurses for private families. By November 1861 the prospectus was ready and furnished with an appreciative introduction signed by Florence Nightingale.

The plans appeared to her to be "well considered and laid out." "They are," she wrote, "not only practicable, but promise extensive and invaluable good"; the district nursing scheme "especially deserves interest." Six months earlier the plans had received similar commendation from the Royal Infirmary Medical Board.

So the scheme was presented to the Liverpool public, together with its financial implications. Mr. Rathbone had promised to finance the building on land belonging to the Infirmary. About £1,000 would be needed to furnish it, but it need not be furnished all at once. Each district nurse would cost from £30 to £40 per annum.

At first the whole annual cost over and above payments received from the Infirmary for nursing would have to be met from charitable funds. In time, it was hoped, payment for private nursing would cover most of the indoor expenses. Thereafter all revenue from charitable sources would be devoted to nursing the poor in their homes. To provide such a district nursing staff as the town required would need from £800 to £1,000 a year—and for this the new institution would be permanently dependent on charity.[4]

It is with this charitable branch of the new institution's work that we are now concerned, and there is no doubt that it occupied a very prominent place in the minds of the promoters. It was, after all, a demand for competent district nurses that had provided the original impetus for a scheme of nurse training. The pattern of organisation devised for the administration of this service provides an interesting—and as it proved, fruitful—example of the close integration of amateur and professional workers.

Decentralisation Preferred

It was essential, the promoters considered, for the district nurses to remain in close contact with the central institution. But, they considered, for the supply and distribution of medical supplies and comforts for the sick poor, "the advantages are all in favour of local and individual, as compared with central effort.... If the labouring classes could only feel the importance of providing for sickness by self-supporting provident dispensaries with nurses attached, this arrangement would be the best in every way; till this can be done the more individual the work the better.... Those it is sought to benefit will be less inclined or able to impose on individuals than on a large public society; there will be a keener sense of personal kindness, more willingness to follow instructions, less injury to self-respect from the receipt of individual benefits than of public charity."

Here then was work for ladies. No special nursing knowledge was to be required of them—but much else. Working as individuals, or if they chose, through committees, they were to be responsible for financing the nurse's board and lodging, for collecting and distributing medical comforts and equipment, for keeping an eye on the nurse's case register and occasionally visiting with her to see she was doing her work properly.

Nor was it assumed that the ladies would necessarily do their own work properly. The central organisation was prepared to train the nurse and pay her salary, but only where the nurse was assured of adequate district backing. The ladies were left free to organise their districts as they thought best, but subject to the recall of the nurse, should the central organisation consider that a district " was so badly worked as to waste the nurse's services." It is to the credit of Liverpool's ladies that no nurse was ever recalled for this reason.

In 1863 the Liverpool Training School and Home for Nurses issued its first annual report for the preceding year. It had an all-male committee including, of course, William Rathbone. Its nurses' home was not yet ready for occupation but temporary accommodation had been improvised. Subscriptions totalling £497 4*s* 0*d* and donations totalling £4,461 13*s* 6*d* had been received.

Miss Merryweather, with nursing experience gained at King's College Hospital and St. Thomas's, was installed as lady superintendent for nurse training; she had managed to bring with her four qualified nurses from the Nightingale School. A few probationers had been acquired, but it had been difficult to find women of the required quality.

District nursing had, nevertheless, got off with a flying start, though beginning from scratch with no trainees as yet emerging from their year's training at the Royal Infirmary. Many of the nurses were " only partially trained and sometimes not otherwise entirely satisfactory."

Meanwhile Liverpool had been divided into sixteen districts and lady superintendents were actively at work with salaried nurses in all but three. William Rathbone's family had been well and truly mobilised. Among the lady superintendents there were two Mrs. Rathbones, William Rathbone's sister, Mrs. Thom and a Rathbone sister-in-law. There were also two Mrs. Holts—a name which figured prominently in Liverpool social service and was to continue to do so.

The First Reports

The first reports of the lady superintendents make interesting reading. One of them has clearly kept an eagle eye on her nurse and has herself visited 32 cases either with the nurse or alone. She is able to " report favourably on the nurse " who " tries to do her work to the best of her ability. It has been a busy quarter owing to a number of bad fever cases; but in spite of the difficulty of getting people to carry out directions by doctor or nurse, in many families there has been great improvement in cleanliness and child management."

Phraseology which today would be regarded as gross impertinence from an amateur to a professional must be read in the light of the fact that many of the nurses were socially uncouth and, as the report admits, meagrely trained, while their lady superintendents were not merely well educated and in most cases experienced in social work, but had doubtless observed the operation of skilled nursing in their own homes or those of their friends. It is interesting to note that with one exception all the lady superintendents were married. So too, were most of the nurses at the outset of the scheme.

It is clear from these reports that the collection of supplies must have involved a considerable amount of detailed work for the lady superintendents. This first annual report contains grateful acknowledgement, district by district, of a wide variety of gifts. They include sugar, stationery, bedding, sweetmeats and soap, as well as medical supplies such as arrowroot, codliver oil and air cushions.

In district no. 3 the lady superintendent, Mrs. Langton, wife of William Rathbone's most active collaborator, succeeded in extracting from the committee's honorary treasurer, Mr. Hornby, £5 worth of wine. Wine being listed elsewhere at 2*s* a bottle, quite a lot must have been consumed in the homes of district no. 3.

Low Incidence of Cancer

No less interesting is the abstract compiled from the nurses' case records during this first year of working. The scheme had been operative in 12½ districts, in some of these not for a complete year. 1,376 cases had been dealt with, among which by far the largest group is classified as " consumption and tendency to consumption " with 328 cases. Next comes " fever " with 110, childbirth with 81, asthma, bronchitis and rheumatism with 79 each, dropsy with 57, abscesses and paralysis with 53 each, diseases of the heart with 27, erysipelas with 26, and cancer lowest of all with 24. 380 cases are classified as " sundries."

By May 1863 the nurses' home was built and Miss Merryweather was able to report that the " many imperfections and inconveniences " of temporary accommodation were things of the past. Nurse training was going well and two probationers, having completed their year's training, were in charge of wards. Nineteen more were under training, among them six Manchester factory hands, four of whom had been taken into a lady's home for preliminary grooming. Six women had been trained as district nurses, four of whom were at work and doing well. But, said Miss Merryweather, it was still difficult to find enough probationers of the required quality.

As regards the nurses' home, it was comfortable, cheerful, and healthy. It contained 31 single bedrooms and in due course it was hoped that the Infirmary itself would provide 14 more. There was, however, a fly in the ointment. Miss Merryweather was not satisfied that enough was being done for the mental training of the probationers.

Pressure of work in the wards offered little opportunity for mental improvement. But a start had been made with a class twice a week, and for this one member of the medical board, Mr. Long, seems to have been largely responsible. Year after year, in the reports which follow, thanks are accorded to Mr. Long for his lectures and classes. Liverpool nurse-training owes a lot to Mr. Long.

So far so good. But in some of the districts there had been heavy going. Shortage of nurses had kept three

districts out of action. On the whole it was complained that ministers of religion had made no contribution to medical comforts—there were exceptions of course—and it was necessary to impress upon the public that lodgings for nurses as well as comforts for the sick all had to be provided locally by the lady superintendents and their friends; since the central organisation financed only the nurse's salary. However, the work had involved more nursing and less " mere relief " than during the first year, and it was hoped that close co-operation with the Central Relief Society, Liverpool's prototype of the London Charity Organisation Society, would help to check " that imposition which we know that it is impossible to prevent."

But the overall picture was one of solid achievement and gathering experience. 1,776 cases had been dealt with. The organisation worked.

For the next twelve years it continued to work with no spectacular change either in the scope of its work or the pattern of its administration. Miss Merryweather continued to direct the central nurse training school until 1874 when she departed to London and was succeeded by Miss Baker, one of her own trainees.

A year later Miss Merryweather and her sister, also a trained nurse, were encountered by Miss Rosalind Paget, then undergoing preliminary training at the Westminster Hospital. She refers to " two Miss Merryweathers from Liverpool, one never seen without her bonnet, one never without her black kid gloves, naturally they were known as Bonnet and Gloves. Bonnet was very stern, Gloves was gentle and kind."[5]

History does not record which of these two Miss Merryweathers superintended the Liverpool venture, but it may be surmised that something more than kid gloves were needed to control the diverse elements which contributed to the success of the Liverpool scheme. Under Miss Merryweather's rule the Royal Infirmary nursing staff had increased to 48 of whom 26 were probationers, while 18 trained nurses served the districts and 24 nursed in private families.

These were significant years for nurse training as a whole. In Liverpool they covered the second of William Rathbone's great nursing achievements: the introduction of trained nursing into the workhouse infirmary, with its epic story of the advent and early death of Agnes Jones. In Great Britain as a whole, Nightingale standards were gaining steady acceptance and nursing was beginning to acquire the status of a skilled profession which educated women from all ranks of society might be proud to adopt.

But in district nursing Liverpool led the way. It was to Liverpool that pioneers from other areas came to learn how to do it, and from Liverpool that they drew trained nurses, whenever any could be spared, to staff their new-born schemes. And all through these years, William Rathbone, who became chairman in 1867, kept closely in touch with Florence Nightingale.

In a voluminous correspondence he told her all that he was doing and in an equally voluminous correspondence she told him how to do it. When in 1868 he became M.P. for a Liverpool division and spent half his life in London, he had the entry to that guarded sick-room from which the great lady dictated policy to the entire world of hospital administration and sanitary reform. She dealt in large matters and small with equally meticulous precision. It was to her that year by year the statistical tables compiled from the nurses' case registers in the several Liverpool districts were submitted. It was under her direction that in 1869 they were presented in more elaborate form and transferred to the Liverpool Medical Officer of Health.

But even when William Rathbone was in London there were plenty of Rathbones left in Liverpool to keep the family contact alive. And to judge from lists of donors and subscribers published year by year in the reports of the lady superintendents, it was not only those of the Rathbone clan who showed relentless capacity for extracting largesse from members of their families and their families' friends.

Though the pattern of administration remained substantially unchanged during these years, in a number of directions progress can be recorded. In 1864 Miss E. M.

GOLD BADGE FOR Miss N. M. DIXON

HER Majesty Queen Elizabeth The Queen Mother has approved the award of the Gold Badge of the Queen's Institute to Miss N. M. Dixon, Deputy General Superintendent, in recognition of her outstanding service to the Institute. Her Majesty has graciously consented to make the presentation on the occasion of the centenary review of district nurses at Buckingham Palace on 1st July.

The citation reads:

" In recognition of her distinguished career as a Queen's Nurse for 32 years and of her devoted service to the Institute in the office of Deputy General Superintendent since 1951.

In 1956 Miss Dixon was mainly instrumental in the successful setting up of a District Nursing Service in Jamaica. She has on several occasions acted as General Superintendent during the latter's absence overseas and in the past year has made a selfless and invaluable contribution to the Institute's welfare in easing the task of a newly appointed General Superintendent assuming office at a time of exceptional activity."

Hunt was appointed superintendent of district nurses. Though she became Mrs. Farrell almost at the outset of her career, matrimony entailed no diminution of her professional activities. It was her business to act as inspector of the nurses' professional work on which she reported annually; and from time to time she added to these duties the supernumerary job of carrying on the work of particular districts where the death, or absence, or retirement of its lady superintendent produced a hiatus. Nevertheless, the lady superintendents seem to have been a reliable body and the turnover of their personnel from year to year was surprisingly small.

Not until 1876 do we find a further advance of professional control. In that year trained " district matrons" were appointed—each of whom was responsible for supervising the nursing of a group of districts while the lady superintendents retained responsibility for " the social and reform aspect " of the work. Apart from this general statement the relationship of the lady superintendents and matrons was never clearly defined; but it is recorded that nursing efficiency was improved and costs reduced, while the lady superintendents were doubtless glad to be relieved of at any rate part of the responsiblity for the work of their nurses.

The trouble was that so much of the nurses' work was not, in fact, professional. Year by year, in district after district, the lady superintendents' reports refer to the pressure of demand for relief rather than skilled nursing. Always they are up against the intractable problems of debility and malnutrition arising from destitution, drunkenness, horrific housing conditions and defective sanitation. One anonymous lady superintendent, appalled by the debilitating effects of unemployment, and anticipating by nearly half a century the ideas of William Beveridge, calls for " some central register office or place of hearing of work."

The causes of sickness were ever operative. Year after year fever and consumption top the case lists: fever, " relapsing fever," typhoid fever, typhoid—bred in malodorous courts and tenements, reinforced by alcoholism, malnutrition and dirt—and in one area assisted by the convivial Irish custom of " waking the dead." So year by year the lady superintendents call in their reports for constructive social reforms: for the notification of fever cases and their more speedy isolation; for effective action by relief agencies and for better sanitation. But in all their reports, taking them year by year, one can see evidence of slow but sure improvement.

The quality of the trainees is improving; doctors who showed " natural distrust " at first are becoming co-operative and referring more " suitable nursing cases." From the parish doctors, the dispensaries, the poor law authorities, the lady superintendents can count on more help. The Central Relief Society is active in keeping relief cases off the district nurses' books. In 1867 " the clearing of many old courts in one area has lightened the incidence of sickness." In 1871 and 1872 it is recorded that improved sanitary conditions have had the same result.

In all this, the social prestige of the lady superintendents doubtless had its uses. As William Rathbone was able to point out looking back on these years: " It also occasionally happens that when visiting they learn of some abuse, the cause perhaps of much misery and sickness, of which the inhabitants have long complained in vain, and are enabled by their social position to draw attention to it in a manner which soon ensures its removal."[6] When one recalls that many of the lady superintendents were the wives and near relatives of leading Liverpool citizens it may be surmised that in these matters social prestige was reinforced by domestic nuisance-value.

Cholera Challenge

It was indeed fortunate that the district nursing organisation had managed to integrate itself so closely with the charitable and administrative life of the town; for in 1866 the testing time came, and it was a question of all hands to the pumps. In May cholera broke out in a ship and a number of sick passengers were landed. Miss Merryweather was asked to provide for their nursing.

In anticipation of a general epidemic the committee of the Training School and Home for Nurses got into touch with the responsible health authorities who agreed to co-operate in an emergency nurse training scheme[7] for the provision of a corps of special cholera nurses to be ready in case of need. They were assigned for training to the district nurses, the Royal Infirmary nurses, and the recently established Workhouse Infirmary nurses. They were only just in time. The anticipated outbreak came so swiftly that training proved to be " short and imperfect."

But a corps of women had been recruited and at least had become " accustomed, by the example of the nurses, to be fearless about infection when encountered with proper precautions." In all 133 were engaged. Some were sent to an improvised cholera hospital—the " cholera sheds "—others were detailed to attend the sick in their homes, working at the call of the dispensary doctors.

As might be expected the disease raged most fiercely in the area south of Scotland Road, in districts 10 and 9B of the district nursing organisation. Here the lady

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Uniform bonnet – pre 1920

HAS anyone a Queen's regulation uniform bonnet, of the type worn up to the 1920s, which she would be prepared to give to the Queen's Institute?

The Institute is frequently asked to lend out cloaks and bonnets for use at nursing exhibitions and pageants, and urgently needs bonnets for this purpose.

If you have one yourself, or know of anyone who has, please contact Miss L. J. Gray, General Superintendent, Queen's Institute of District Nursing, 57 Lower Belgrave Street, London, S.W.1.

"Two Splats to Onst*"

by AUDREY WHEELER, S.R.N., S.C.M., Q.N. and H.V. certs.

I SPENT the first part of the night in the farm, resting unrestfully in an arm chair in the kitchen. A mouse skied down the wall, shot like a demented streak of lightning round and round the floor before it bolted into its hole. Soon afterwards I heard loud snores from the bedroom, and began to think that my own bed would be a lot more practical. I crept upstairs. The waiting mother was sleeping peacefully. Her tall husband was snoring on his back, his feet escaped from the confines of the pink quilt dangling over the sterile delivery table. I removed it to a safe distance, and went home.

A couple of hours later the call came again. A storm had grown in violence and sheets of spray were whipping over the sea wall. I had to abandon the car, flinging a rug over the bonnet to protect the engine, and run the last fifty yards to the cottage.

She was one of those mothers with the reputation of dropping her baby whilst all backs are turned. I beat the baby to it by eight minutes. When I got back to my own blue front door again, the telephone was ringing.

"That you Nurse? O come quick do, my little maid's bin took bad." I was fortunate and recognised the voice. Somehow it seems a failure to have to admit that I am not sure who is speaking. I got back hastily into the car, and glanced at my diary. Besides a list of patients to be visited, it recorded an odd catalogue of things to be done.

Give order-form, prescription and 10*s* to chemist for elastic stocking for Mrs. Z.
Ring Dr. Q. re path. forms for blood tests for antibodies for Mrs. E. and Mrs. D. (Rh neg).
Fetch and return 2 mothers (ante-natal class).
Return completed DI and APM vacc: cards to area office.
Write Clydella for demonstration material.
Write County Hall for film show on eyes for next term.
Write editor *District Nursing* re article!
Write Liz and Uncle John.
Write sanitary inspector re dustbins at St. P.
Arrange christening for Angus.
Buy bread, onions, tooth brushes for the H. family, petrol, 2 fire guards (Mr. K. age 100. Miss T. blind).

This quaint list reflects a kaleidoscopic impression of my thoughts as I drove up the lovely, tortuous Cornish valley. Despite the speed that is necessary at times, my car is my sanctuary, where prayer, plans and problems are dealt with.

I reached the house where the "little maid," a five month old baby, had rolled on its back after a feed, and choked. It had been found blue and toneless, and all but drowned. When I arrived the child was very pale but breathing quietly in its mother's arms. Someone was blowing on the fontanelle.

"I d'do that because my mother told me always to blow on the soft spot if a baby chokes," the woman said defensively. "She used to do it back in they days."

I suggested tactfully that as prevention was so much better than cure, would they put the baby on her tummy after food, as I had shown them before.

Later a little girl arrived with a message that her mother wanted to see me. I postponed several planned visits to listen to a tearful outpouring of anxieties. The mother was found to be far from well. "The girls are beyond me," she said, "They have been impossible ever since their Daddy died. Betsy is sleepwalking every night and since the doctor has given her medicine to quieten her nerves she is bedwetting. Jane has taken to lying and taking things. O Nurse, whatever shall I do for she don't belong to be like that?"

A quiet chat with the doctor; an appointment with the child guidance clinic; advice to talk over with the schoolmaster the idea of sending one little girl to a different school. These and arrangements for a holiday for the mother and small boy of three were the steps taken to avert a tragic situation developing further.

The rest of the morning's work done, I bought two hot paasties and shared a picnic lunch with a friend. We sat on the steps of her cottage overlooking the inner harbour where the fishing fleet, that had been on night duty too, lay sleepily on the swell in the sunshine.

Refreshed, I started on an eleven miles tour, picking up mothers from isolated farms on the way to the home where the ante-natal class was being held. This time, three mothers had been invited to come and discuss their own first labours for the interest of the present group, among whom were five primigravidae. They did this after the usual breathing and relaxation.

One had had her baby in hospital. One had her husband with her throughout her labour at home. The third was the first of the present class to have been delivered only three weeks before. During the cup o' tea and chat that followed, it was explained that the next meeting would be for mothers expecting their second child. A mother from a previous group, who was a state registered nurse, had invited them to her house. She was prepared to tell them what might be helpful about the special problems of the firstborn.

* *Two things at the same time.*

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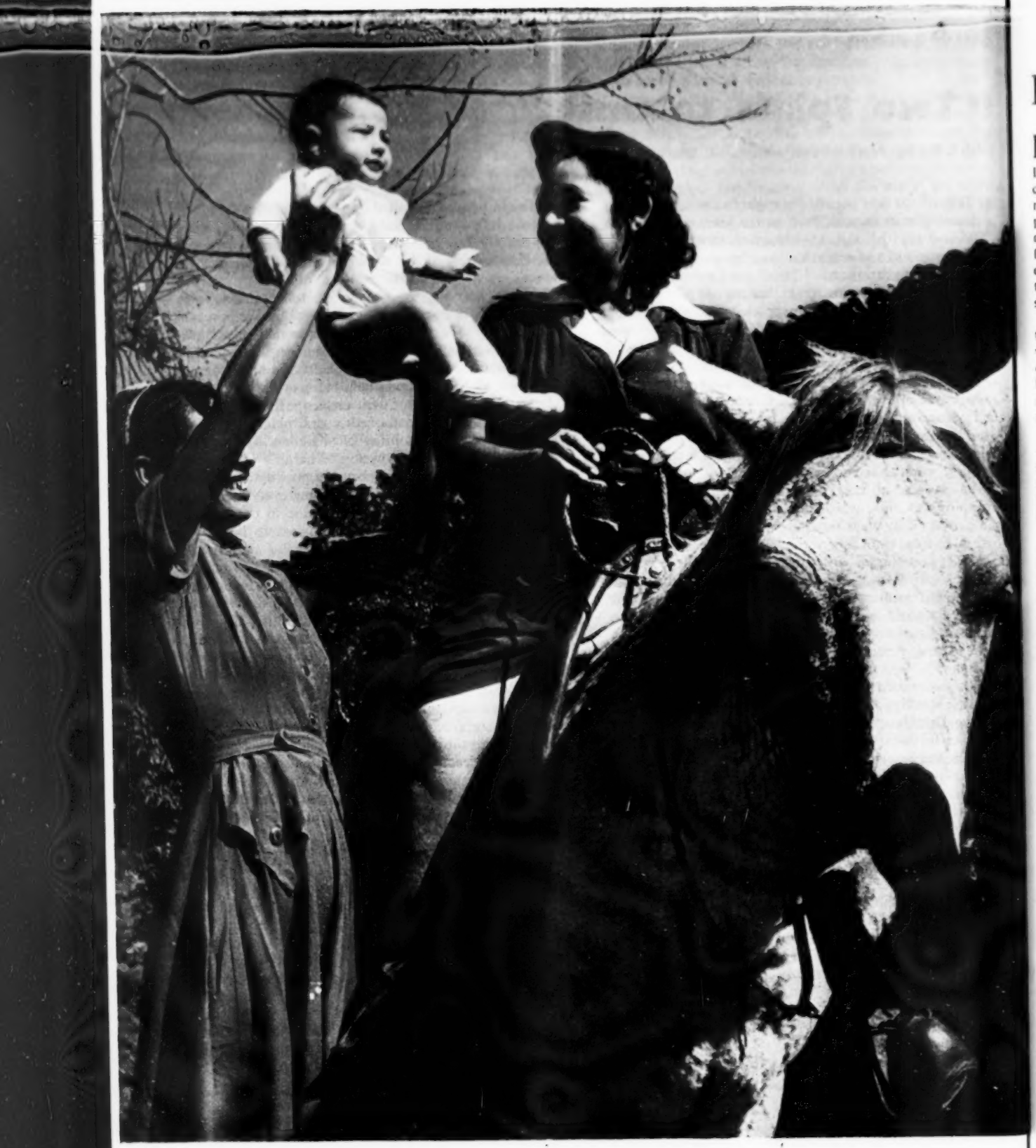


Pioneering a District in Latin America

HEALTH, or rather illness, is a major problem in most of the countries of Latin America. Since poverty is common and education has, until recently, reached only a small proportion of the population, the incidence of disease is often very high. As is frequently the case in countries of low economic development, the number of trained medical personnel is terribly small.

Switzerland for example has a population of four and a half million people for whom there are 10,500 nurses, or about one to each 400 people. On the other hand Peru has a population of six and a half millions, and only 1,300 nurses, or one for each 5,000 persons.

To help the countries of Latin America to alter this situation, WHO and the Pan America Sanitary Bureau are directing their efforts to training more doctors and nurses and auxiliary health workers.

Until recent years in the two Latin American countries bordering the Pacific Ocean—El Salvador and Peru—mother and child care in so far as it existed at all, was the province of the local midwives. They delivered the babies and they prescribed the treatment of mother and baby during the crucial days around the time of delivery and during the first weeks of the baby's life.

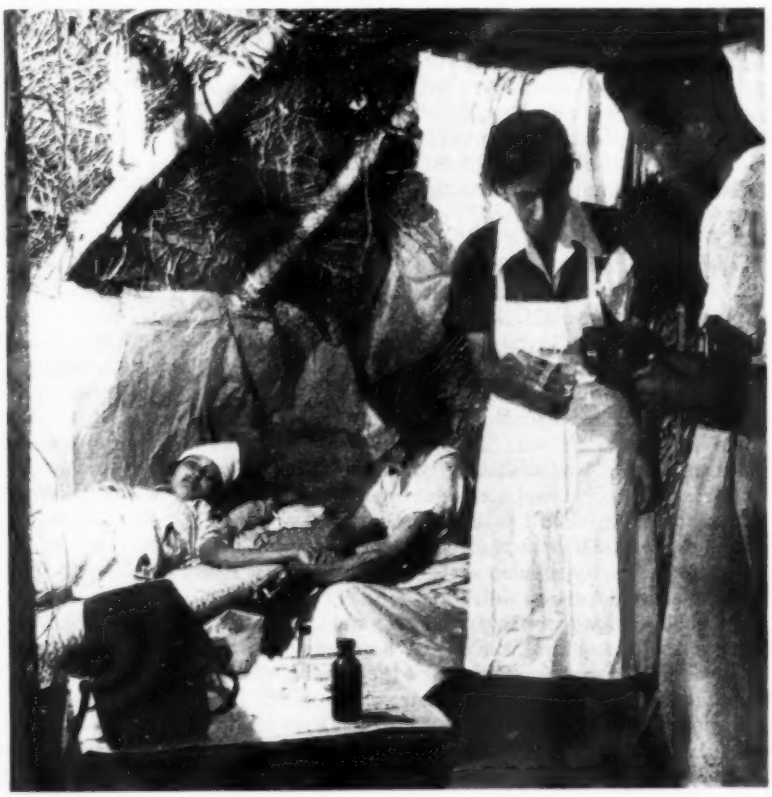
The midwives received little pay and their work was looked upon as menial, about on a par with that of a charwoman. Most of them were only one scientific step removed from the witch doctor, and although they were nurses of a kind, they were never associated with the medical profession or had any medical guidance. The profession of nursing as it is known today hardly existed at all. In the rural districts care of the sick was left to the hazards of charity and no self-respecting young woman thought of taking up nursing as a career.

Today the situation is changing rapidly. Training courses are being established in many centres and fully-fledged public health nurses are already working in many districts of these countries where until recently no scientific health services penetrated at all. Although these young women have already received the respect and confidence of the medical profession, they have also to secure the trust of the people to whom they minister. One of their most difficult tasks is to win the support of the midwives whose livelihoods they could so easily destroy and whose enmity could make their work impossible. Their method is not to criticise the out-of-date and unhygienic practices of these women, but rather to appeal to their sense of prestige in the community.

"Look", the argument runs, "you midwives have done a great deal for the people. Without you many mothers would have died and many babies not been born alive. If you would like to work with us you will be helping out with a campaign to save the lives of mothers and babies that has been worked out by the most celebrated experts in the world. You can add to the value of your work and increase your standing and importance to the villagers."

By this and similar approaches, the influence which the midwives have traditionally exercised over the women of the communities is being won over to the campaign spearhead by the young WHO nurses. Gradually the people are being weaned away from old beliefs like those widely held that certain diseases are caused by sitting on a hot stone; that the way to dislodge a bone stuck in the throat is to stir an ember in the fire; that a glance from a drunken man will give a boy a stomach-ache.

The nurses and doctors who



(Opposite) A mother proudly shows her child, healthy again, to a public health nurse of El Salvador who does the rounds on horseback.

A midwife and public health nurse attend the labour of an eighteen-year-old mother in the district of Quazaltepeque.

administer the new health scheme, operate from small rural clinics scattered through the countryside. These clinics are modest but adequate—comprising a waiting-room for patients, a nurse's room, an examination room and cubicles in which patients can undress. Everything is of course, spick and span, and the general impression is one of hygienic efficiency. The doctor attends the clinics one morning and one afternoon each week. Between his visits it is up to the nurse, aided by three auxiliaries, to look after the health needs of the local people, for preventive, curative and emergency treatment.

On certain days she makes her rounds. This means she walks, often accompanied by a midwife whom she is training, many miles to visit isolated settlements and farm houses. For the more distant parts of her territory she travels on horseback, mule, or by jeep, and very often, when traversing the wilder areas, she takes a guide. Since these girls usually come from the capital cities of their countries—San Salvador and Lima—the transition from big city life to the arduous lonely existence of a Public Health Nurse in a rural area is a difficult one. But they are needed by their people and they are enthusiastically supported by the goodwill of the whole community.

On a typical home visiting day, the nurse gets an early start because of the distances that must be covered. On the road she is likely to meet some of the people on their way to market or to work. In the course of greetings she may inquire about the health of members of the family and perhaps give a few words of advice.

On a pre- or post-natal visit to an isolated home she tries to be accompanied by the local midwife. This gives her an opportunity to take care of her patient and to give the midwife some pointers at the same time. While she is taking the mother's temperature, blood-pressure, etc., she keeps up a running comment of advice on elementary health care for the benefit of the midwife and patient. She is likely to emphasize the need for something as simple as clean hands and fingernails, the necessity of boiling water before drinking it, the need to bathe children regularly, etc.

Her teaching is elementary and sensible and she shows the mother and midwife how to be hygienic with the primitive facilities at hand. She will also impress upon the mother—if she is about to have a baby—or if she has small children—the importance of regular visits to the clinic when the doctor is there, and for regular check-ups. Or if she has more time she may explain the necessity for vaccination of the children.

For this life of pioneer nursing, these girls have forsaken the diversions of the city and the comforts of home. Some might consider their youth wasted among the hardships of the villages they serve. The nurses don't think so. As one pretty 25-year old nurse said "I am doing what I've always wanted to do; helping my people to get and to stay well. What more could I want?"

Two Splats to Onst

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As each mother has her baby, the class send a congratulation card which is also an invitation to "The Pack of Happy Families." This produces a Family Craft Exhibition in the Spring.

Later, as I was turning into a wooded lane I met three children coming home from school.

"Hallo all of you, pile in and I'll drop you at the farm gate. Why are you so late?"

"We bin deceratin a winder in the church for Harvest," said Mary.

"Yes, an we brought some o' they green apples we gived you last year," said Sam.

"I don't suppose Mummy will allow you to walk in the dark tomorrow night. If you're ready at 6.30 would you like me to take you to the service?" I asked. Three pairs of eyes competed with the stars in the twilight.

"Yes please and can Robin and Janet come from down the bottom?"

"O yes I expect we can squeeze you all in." These two who live in the 'bottom' are a great anxiety to me. As I talked to the children I thought how queer it was that in the welfare state there are still children who get locked into poverty stricken cottages where there is no water or sanitation.

The children sat in the front pew and afterwards dragged me to see the 'winder.' A loud whisper tore the quietness of people waiting for the evening Communion: "Timothy brought the marrer!"

I learned later that the marrow had been so precious that Timothy had cradled it in his arms in bed for three nights before it came to church.

After dropping Mary, Sam and Tamsin at the farm gate, I let in the clutch and set off to almost my last visit—an evening bath for a diabetic patient arranged to coincide with the doctor's visit to discuss a change of insulin.

I hurried to get all finished before he arrived, and earned the justifiable comment: "You'm doing two splats to onst!"

A bright fire burned in the old Cornish range, saffron buns hot out of the oven smelt delicious and the oil lamp made a warm friendly glow in the little room.

The doctor came in and perched cautiously on the white kitchen table but removed himself gingerly, saying "Why the table's scrubbed so blessed thin you can't even sit on it!"

We sorted out the insulin problem and the conversation became general: "What's that dusky shirt doing on your line Mrs. X?" "That's Wesley's, he's all crippledy-up these days, his line's broke so he uses mine. You know doctor, Wesley went up to the post office last week and took out all the money he lent to the war—as he calls it. He's put it in the roof of his cottage; that's a lot 'o money he might lose if his cot went a' fire." Good Wesley: folk may not think him blessed with great brain, but he had enough to know where to put his little fortune in his country's hour of need; and Mrs. X knew that there was a rightness in having his off-white clothes to hang next her spotless washing.

These things and more are all in the day's work but that's enough for one day, I said to myself, as I drove home—little thinking that I was yet to slip in the cow yard with half-a-pint of milk in one hand and half-a-dozen eggs in the other.

The author is secretary of the Hospital Personal Aid Service for the Elderly which has visited over 10,000 patients since its inception in 1951

Serving the Needs of Elderly Patients

by W. L. GRAHAM

MRS. Jones lived with her nephew and niece. An old lady of 70, she was so severely crippled with arthritis that when her nephew had lifted her to her chair every morning she could not move until he returned from work in the evening. There was no one else in the house strong enough to help her even onto a bedpan.

There is nothing very special about this case, it is typical of many, and like others in similar circumstances Mrs. Jones was on a list awaiting admission to hospital. She did not want to leave home nor did her relatives wish her to go but there seemed no alternative. The hospital decided that Mrs. Jones was unlikely to benefit from any treatment and asked the social visitor for that area to visit her and let them know her opinion on the social circumstances.

The visitor found that obviously the lifting of the patient was the crux of the problem, and with the agreement of all concerned she applied to the Welfare of the Handicapped Department of the County Council for a lifting hoist which was in due course supplied. Mrs. Jones was thus enabled to have attention easily whenever she needed it and remained happily at home.

Principles of Admission

Much has been said and written during recent years about elderly people and their needs. We hear that their admission to hospital is difficult because of lack of accommodation. When we look into this, however, it seems that if two fundamental principles were observed the hospital accommodation now provided would be adequate for those who really need it and would certainly allow other patients to be in surroundings they prefer.

The first is that the primary purpose of hospitals is to give treatment and care to those who need it when they need it to enable them to return to the community. Secondly, that a patient should remain in his own home whenever possible and if it is not detrimental to him to do so.

It was perhaps largely because these principles were not generally observed that the hospital service received and accepted, usually without enquiry and assessment, such a large number of applications for the admission of elderly patients during the early months of the national health service as to cause grave anxiety. Let us be quite clear that these patients were not suffering from what were normally considered to be acute forms of illness. They were thought to have some permanent or long term condition and were usually referred to as chronic sick. Many had been awaiting admission to establishments administered by the county authorities and now, under the health service, were considered to be the responsibility of the hospital boards.

By 1950 the number awaiting admission in one metropolitan hospital region was over 3,000. Apparently most hospital management committees thought that the only solution lay in providing more beds. This, however, was not easy as few, if any, could be spared in the general wards; and staffing and other problems precluded the provision of extra accommodation at any rate on a scale large enough to meet the very heavy demand. It was not the general practice for hospital groups to review their waiting lists and the hospital board for the region realised that most lists must be out of date and that the number of patients thought to be waiting was not an accurate estimate of the number of beds needed. The Board, therefore, arranged for a review to be made of the waiting lists of one or two hospital groups, selecting as a start one which had a list of 87 patients.

The home of each patient was visited and it was clear, on completion, that the review was long overdue. Thirty-eight patients had died or had already been admitted, and twenty-two others refused admission or had recovered and did not need it. This was one important though not unexpected discovery but another matter of equal importance was found. Many patients appeared to be in need of, or suitable for, some other care or help than that of a hospital. Some had inadequate care at home but were active enough for Welfare Homes. Others were anxious to stay at home and would be able to do so if the care they received from their relatives were augmented by home services.

These first results obviously justified an extension of the enquiries to other hospital groups and during the next few months the lists of nine others were reviewed with results very much the same as in the first group. As the work progressed the staff engaged in it were asked by the hospitals for advice as to the priority based on social circumstances of those patients who remained on the waiting lists. They were also asked to visit new patients as the applications for admission were received. Thus it seemed that the work was needed permanently and arrangements were made for the establishment of an organisation through which it could continue.

The cost had so far been met from grants which King Edward's Hospital Fund had made to the hospital board and it was now decided to continue the work as an activity of the Fund itself and to make it available to

the four metropolitan hospital regions. The name chosen for the organisation was the Hospital Personal Aid Service for the Elderly.

This Service, new in name but not in experience, had to make certain decisions. The staff who had been making the reviews had started with no special qualifications except a keen interest and a determination to improve the situation in any way that lay within their power. Should the extra staff needed now and in the future be nurses, almoners, or who? The decision on whether a patient should be admitted or not lay with the hospitals. Medical diagnoses and conditions concerned only the general practitioners and the hospital doctors.

What the hospitals wanted of the Service was advice and information on the social circumstances of each patient and guidance as to any possible alternative to admission to hospital. Therefore although certain academic qualifications might be an asset it was decided that the essential requirements were an ability to obtain the information the hospitals wanted and an aptitude for work among elderly people.

A thorough knowledge of the statutory and voluntary services available to elderly people could be gained by experience. With careful selection and a thorough training of staff with these qualities the service would be equipped to give hospitals the help they wanted. The Service also decided that under no circumstances would a patient be visited except at the request of a hospital doctor or an almoner acting for him.

During the early investigations it had been found that applications for admission were usually received by lay staff who kept the waiting lists and arranged admissions to vacancies as they arose. It was a common practice to admit according to the chronological order of application and at times it was the importunity of the general practitioner that resulted in one patient being given priority over another. Clearly an improvement was essential here and the Service asked hospital groups each to nominate or appoint one doctor to whom the Service would have direct access and who would be responsible for admissions. Before long patients were being admitted strictly according to their medical and social needs.

Accurate Waiting Lists

From the middle of 1951, when the work started, to the end of 1957, the Service visited 9,178 patients. Statistics can be wearisome but perhaps a few figures may be permitted here to indicate what is achieved by these domiciliary visits. 3,479 (38 per cent) names were removed from the waiting lists because the patients had died, had already been admitted, refused admission or had recovered and did not need it. It may be thought, and rightly, that this does not require any skill or represent any arduous task on the part of the Service beyond a visit to the patient's home. But one of the objects of the Service is to ensure that waiting lists are accurate so that hospitals may know how many patients are actually in need of accommodation.

One hospital group asked the Service to visit the 110 patients on their waiting list. Because there were so many the hospital had made little attempt to provide beds for any. The review showed that only five patients needed admission and this was arranged within a fortnight.

The number of patients for whom other arrangements have been made is 1,136. This is only twelve per cent of the total visited, but it represents the main part of the Service's work. Let us therefore consider the circumstances in which these cases have arisen.

First of all the application for admission was made by the patient's doctor. He may have done this because in his opinion the patient's medical condition made hospital treatment necessary or advisable. He may have thought that the patient's home circumstances were unsuitable but had not the time to consider whether these could be improved or whether a hospital was the most suitable place for the patient. The hospital asked the Service to call on the patient and on receipt of the report decided, in consultation with the general practitioner, what action to take.

Making Hospital Admission Unnecessary

What arrangements are there which will make admission to hospital unnecessary? First, a decision must be made as to whether adequate care can be provided at home or whether the patient's removal from home is unavoidable. In the latter case an application might be made to the Welfare authorities if it is thought that the patient is active enough for a communal Home. Sometimes the housing authorities are consulted if a change to a more suitable dwelling is needed. Perhaps a terminal home or a private nursing home is the solution.

If improvements in the home circumstances are to be made, there are many possibilities depending on the needs of each case and on what is available in the neighbourhood. It is unlikely that the district nurse is not already attending the patient. If she is not it may be suggested that the general practitioner be asked to arrange it. The home help service may be asked to provide help if this has not already been done.

Medical loans, meals on wheels, friendly visits and night attendants have all been arranged from time to time though it is not likely that these services alone will enable an elderly patient to remain permanently at home unless there are relatives able and willing to share the continuous care and attention that is necessary.

There are of course instances where people are trying to hand over to hospitals a burden they are not willing to carry themselves. Often restricted house space, young families, and the need or choice of all adult members to go out to work make the care of an aged relative difficult if not impossible. Even in circumstances like these it has been found that a talk with the relatives will bring a change of attitude, and will help them to understand that a little discomfort and inconvenience to them may mean happiness and contentment to their parent for what might be a very short time.

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Letters should be addressed to:
The Editor, District Nursing, 57 Lower Belgrave Street, London, S.W.1.

The Shortage of Assistant Superintendents

REGARDING the correspondence in the March issue of *District Nursing* on the shortage of Assistant Superintendents, I feel I cannot allow the first letter published to go unchallenged. I have been an Assistant Superintendent in a Training Home for some years, and would refute many of the statements made by this correspondent.

Is compulsory residential accommodation such a drawback? A comfortable bed room and sitting room shared with one other Assistant, with meals prepared for one, and no domestic work, can make a very pleasant mode of life.

With regard to uncertain off duty, this surely need not be so, and there is no reason why an Assistant should not have outside interests; indeed, she may bring a more refreshed outlook to her work because of them.

The telephone must always be manned at night in any post where a twenty-four hour service is provided—surely our first interest should be the care of the patients—and in any case, one would have thought this would be much more of a difficulty on a single district.

With regard to the work being that of a stepping stone to a Superintendent's post, surely if it is felt the responsibilities of such a post are so unattractive, then perhaps this is not the most congenial work for such a nurse. After all, the title Assistant Superintendent implies assisting the Superintendent.

The picture of a Superintendent being weighed down with petty domestic details is outdated in this day and age—there are far more important problems for her to solve—and what of the Homes employing a housekeeper? Surely too, the clash of uncongenial personalities implies friction in a Home, which a wise administrator plans to overcome.

As to experience being narrowed—the range of problems of a greater area and variety must obviously increase the opportunities for experience, not lessen them, and where initiative and ability is shown and proved, then it will be used and valued. A modern training Home is not set in a pattern, bound down with traditions that will suppress all new ideas, but because it is essentially a place of learning, new ideas will be welcomed and tried.

I have tried to answer the points raised in this letter. In conclusion I should like to say I feel the post of an Assistant Superintendent in a Training Home is one of great interest, giving opportunity to teach, to take responsibility, to develop ideas and learn from those already established. The stimulation of new candidates entering the Home is very great and the contact with lecturers and specialists in many fields prevents one getting stale. The work is congenial and satisfying; my surroundings are extremely comfortable and off duty good—and I have the satisfaction of feeling I am taking part in a worthwhile work.

Finally, the Superintendent of this Home would like to extend a hearty invitation to the writer of the first letter (page 286, March), to come and see for herself.

P. White

11 Elm Grove Road,
Exeter.

I FEEL that after deciding whether one can really give up practical nursing, the other dissuading reasons for going into administration are often purely material ones. The potential candidate has gone into the public health field and gained experience in all its branches. As well as this most necessary knowledge which she has gained, she may have collected other things such as furniture, domestic pets and very often a car.

For the non-resident post this is no problem, but where the post is resident, having to dispose of these may be a great deterrent. The car owner who has, on her own district, had an adequate allowance, now has to look forward to only the casual mileage.

Another discouraging factor is the low salaries of the assistant. In a home with a staff under thirty, she gets less than the nurse doing general work, and the health visitor, on their maximum salary.

Hours of work may be more regular but they certainly become longer and of necessity, more restrictive.

Those going into administration for the first time have little knowledge of the internal responsibilities and work allocation of the home, but where this may be found insufficient it could be a reason for returning to the ' district '.

I think a short course on teaching and teaching methods would be most useful for the training home assistant, as it may be a frightening thought that one is to take part in training the student district nurse.

I can only end with saying that the experience gained certainly outweighs all these foregoing reasons for not taking an administrative post.

J. Hart
2nd Assistant and liking it

I AM a newly appointed non-resident assistant. I feel that the very long hours of duty and the uncertainty of off-duty are perhaps one of the chief causes in the lack of recruitment. I am shown some consideration because I am non-resident but I feel the tie for residents is a great deterrent, and for that reason did not choose to be resident.

The work I find both interesting and absorbing, and with plenty of scope to gain experience in administration.

E. M. Fisher

OUR Association discussed your Editorial in the February issue of *District Nursing* and it was agreed I should write to you to give our views on the reason for the shortage of Assistant Superintendents.

We feel the root cause of this shortage is low salary and the lack of differential between the salary of the Superintendent, the Assistant Superintendent and the ordinary Queen's nurse of senior status.

To accept a post of Assistant Superintendent means more responsibility and the giving up of many amenities—in all probability her own home, a great deal of freedom, etc. She feels she is already doing a worth while job and there is too much to lose and too little to gain to make the change of post attractive.

Cecilia C. Gardam

Chairman, Executive Committee,
Hove & Portslade D.N.A.'

Queen's Nurses

Personnel changes 1st to 31st March, 1959

APPOINTMENTS

Nurses

Bader, S., Bucks. Bowen, A. M., Swansea. Davies, E. W., Surrey. Fearn, E. M., Lancs. Fekete, M., Bucks. Gardiner, M., N. London. Harvey, N. J., Cardiff. Hibbert, L. G., St. Olaves. Higham, S., Dewsbury. Holbrook, E. V. I., Glos. Hooper, M. M., Somerset. Johnston, F. S. (Mrs.), Southampton. Milton, M. E., W. Sussex. Morris, P. P., Cardiff. Mulligan, E. K., Bootle. O'Halloran, K. M., Lancs. Wright, M. E., Bucks.

REJOINERS

Angell, M. (Mrs.), Oxford. Clayton, D. E., Berks. Colley, M. F. (Mrs.), Surrey. Firth, M. G., Sheffield. Gabell, A. M., W. Sussex. Griffith, A. M. (Mrs.), Caerns. Homewood, J. M. (Mrs.), Southwark. Hoyle, I. (Mrs.), Cheshire. Lane, M. L., Birmingham. Maclean, M. A. (Mrs.), Lincs. McLoughlin, J. (Mrs.), Norwich. Mathews, J. P. (Mrs.), Exeter. Picken, L. (Mrs.), Cornwall. Wainwright, M. (Mrs.), Cheshire.

LEAVE OF ABSENCE

Hoy, M.—H.V. training. O'Connor, E. —H.V. training & contract.

RESIGNATIONS

Bottomley, J. (Mrs.), Liverpool—Going to New Zealand. Brook, M., W. Riding—Marriage. Carver, M. C., W. Sussex—Work with S.S.A.F.A. Cobby, F. (Mr.), Hackney—Other work. Cobby, P. H. (Mr.), Hackney—Other work. Cummins, J. E., Liverpool—Post in Canada. Down, G., Salford—Marriage. Dulborough, B., Kent—Retirement. East, A. M., Mid Essex —Domestic reasons. Haworth, J. E. (Mrs.), Berks.—Domestic reasons. Hillier, M., Warwicks.—Marriage. Jones, B. M., Herts. —Other work. Keyte, E. M., Hereford—Marriage. Kirkpatrick, J. F. (Mrs.), Plymouth—Domestic reasons. Kneal, F., Cheshire—Hosp. post. Marshall, A., W. Riding—Retirement. Montgomery, J., Cornwall—Marriage. Newman, J. E., Glos.—To join Q.A.R.A.N.C. Olley, A., Guildford—Other work. Ross, L. M. J. (Mr.), Cornwall—Hosp. post. Steer, H. M., Hereford—H.V. post. Tkocz, I. E., Metropolitan—Domestic reasons. Wedderburn, A. E. V., Worcs.—Returning to S. Africa.

SCOTTISH BRANCH

APPOINTMENTS

Superintendents, etc.

Black, M. M. (Re-joiner), Glasgow (Bath St.) Asst. Supt.

Nurses

Anderson, M. C., Kirriemuir. Bremner, V., Musselburgh. Campbell, A., Mangersta, Uig. Campbell, M., Kinross. Carroll, L., Ayrshire C.R.N. McKenzie, J. C. S., Edinburgh. Marshall, M. S., Edinburgh. Williamson, E. P., Auchtermuchty.

REJOINERS

Law, M., Dufftown. Semple, C. H., Glenfarg. Thomson, M. A., Edinburgh.

RESIGNATIONS

Donaldson, I. W., Meldrum—Marriage. Fergusson, I. M., Strachur—Marriage. Lennie, C. C., Glasgow (Anniesland)—Other work. MacKenzie, I., Dufftown—Retired. MacLean, M., Strathnairn—Marriage. MacQueen, M. A., West Uig—Retired. Scott, C., Glasgow (Dennistoun) —Other work. Shearer, D. S., Galston—To go abroad. Thain, J. A., Fochabers—Marriage. Watt, J. McG., Kirriemuir—Retired.

SUNDERLAND'S SUPERINTENDENT RETIRES

The Sunderland Echo

Miss C. F. Harvey has been Superintendent of the Sunderland D.N.A. for over 23 years

MISS C. F. Harvey has retired after 23½ years as superintendent of Sunderland District Nursing Association. Well-known among nurses and midwives throughout the country, she previously nursed in Co. Durham, London and Plymouth.

Over 100 colleagues and friends attended a farewell sherry party in her honour, held at the Association's headquarters. Among the guests were several former colleagues, who had worked with Miss Harvey during her early years in Sunderland.

Mr. W. B. Allan, the chairman of the Association, presented Miss Harvey with a cheque, and Mrs. C. Raine, the youngest nurse on the staff, presented a bouquet. Tributes were paid to the excellent work done by Miss Harvey and the high esteem in which she was held.

Miss Harvey will live in retirement in Chester-le-Street, Co. Durham.

Lady Seymour Williams

WE regret to announce the death of Lady Seymour Williams, honorary secretary of the Kingswood District Nursing Association. Miss M. A. Bach, county superintendent, Gloucestershire County Nursing Association, writes:

Lady Seymour Williams was a founder member of the Kingswood District Nursing Association and its Honorary Secretary for no less than fifty-eight years. The first Nurse was appointed in 1901 and the first Annual Report was issued in 1902.

Lady Williams took an active part in a number of local affairs, but her greatest and most lasting interest was in district nursing and domiciliary midwifery. She was in failing health for several years but as long as it was possible for her to get about, she visited the Home weekly. Thereafter she received a weekly report and up to within a day of two of her death she made daily enquiries about the nurses and their work.

During the last few months of her life it was necessary for her to have a resident nurse but she insisted on being nursed part of the time by her 'own' nurses. Most of this nursing care was given by Miss R. M. Butler, the Home Superintendent, who for the last week or two visited Lady Williams three times a day.

The Kingswood Nursing Association has lost an old and very great friend, and the staff feel their loss keenly. The cause of district nursing generally has been fostered and immensely helped by such people as Lady Seymour Williams, and it is pleasant to record that her son Col. Francis Seymour Williams is now chairman of the Kingswood District Nursing Association.

The Association of Queen's Nurses

SUSSEX, SURREY AND S. E. LONDON

OUR branch meeting was held on Saturday 14th March at the nurses' home at Surbiton by the kind invitation of Miss Stanley.

The guest speaker was Miss Wearn, who gave a very interesting talk on the Whitley machinery.

We are pleased to welcome Miss Wearn as a member of the branch now that she is working in Surrey.

R.P.

NURSING BOOKSHELF

"A Concise Textbook for Midwives" by D. G. Wilson Clyne, B.M., B.Ch., M.A.(Oxon)., L.R.C.P., F.R.C.S. (Edin)., F.R.C.O.G., Barrister at-Law (Faber & Faber, 32*s* 6*d*).

The author is a gifted teacher with wide experience of midwifery and was for many years an examiner to the Central Midwives Board.

His book is based upon questions set from 1940 to 1956 by the Central Midwives Boards for England and Wales, and for Scotland.

The book will be of great interest and assistance to the pupil midwife. It will, however, be more useful for the nurse working in hospital, as the author is dealing with questions set for pupils taking the first part of the examination of the Central Midwives Board and there is very little reference to domiciliary midwifery.

There are sections on anatomy and physiology, pregnancy, labour, puerperium and the infant. In addition, an appendix contains sections dealing with pelvic contraction, maternal diseases complicating pregnancy, and obstetric operations. Some of the material is controversial especially in regard to ante-natal radiology and heat treatment for shock and haemorrhage.

Great care has been taken to produce a textbook both clear and comprehensive. It ranges over a wide field in 300 odd pages, backed up most ably by excellent diagrams. **H.E.B.**

The Nursing and Management of Skin Diseases, by D. S. Wilkinson, M.D., M.R.C.P. (Faber & Faber 32*s* 6*d*).

Dr. Wilkinson's aim in this handbook has been to give the basic principles of management of patients with the commoner skin diseases.

His advice on treatment is practical and he explains clearly the underlying social, pyschological and constitutional problems involved. The chapter on the "chronic case", could be adapted to the care of any patient suffering from a "long term" illness.

How often the complaint is heard that the patient fails to carry out the prescribed treatment. Here we have a plea for simple accurate instructions, leaving nothing to the patients' imagination. Though each subject is considered very briefly, this principle is carried out in the text. All aspects of the patient's life are brought quickly under review—home, work, diet, recreation and sleep—and reasons given for the use of a particular drug or method.

If there is some dogmatism over treatment, this is no draw-back, as the book is intended for nurses or medical practitioners, with little knowledge of the speciality, for it is easier to begin with clear definite instructions, which later may be modified in the light of experience. The special needs of various age groups and sections of the community are dealt with separately which entails repetition but is more convenient for reference.

This book may be recommended to anyone looking for an introduction to the management and care of patients with skin diseases. It is easy to read and nurses will find in it something of interest to them, whether they are working in the hospital, public health, or the occupational health field. **E.B.**

Study on S.E.A.Ns

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This plan differs from that of Rochester for the Board of Education has been concerned and has had discussions and plans about sharing the cost of the training. There are now five hospitals in Buffalo each sponsoring some five students of the adult class. They work in that hospital for at least one year after becoming licensed, therefore the hospitals will be sure of some staff, and the students will be sure of one year of good supervised experience.

The visiting nurse service of Buffalo does not employ practical nurses.

The nursing staffs appear to be more static in these services and all promotions are made from within their own staff, never advertised. Therefore the nursing members of the staff of Buffalo are somewhat senior and they said they did not want practical nurses.

Detroit also has a different training plan. At the Northern high school six classes per year have an average of 48 per class. The programme alternates between school and hospital. The first two months in school are followed by two months in hospital or medical and surgical clinical practice. After another two months in school the student spends four months in hospital on obstetrics, paediatrics, and anaesthetic recovery. Part time work in the Jewish Home or a tuberculosis hospital, is done during the rest of the year for chronic experience.

In the last week they have an achievement test. They can then graduate and take their state board's examination later. These are held twice yearly, and consist of a full day of tests. The students are paid a stipend.

To sum up my impressions of practice and techniques in the United States I would say:

Generally administrators and registered nurses are interested in the practical nurse education. They feel that after training, with the proper direction and supervision the practical nurse can be used as an intelligent extension; and the registered nurse must realise that she has not relinquished her responsibility, but shared it.

For a good attitude between the registered nurse and the practical nurse and vice-versa, there must be a definite policy of what and how much they can do. It must be realised that they have capabilities, and limitations.

The primary introduction is important. All must realise that the licensed practical nurse has something to offer, and she must have easy access to the registered nurse and/or the supervisor to be able to discuss and ask advice.

On the whole the training of practical nurses is very akin to that of our S.E.A.N. because the best schools advocate and see that their students have a year's service in hospital after their one year's training. This brings it into line with our two years training because ours are assessed at the end of one year and licensed at the end of one year.

In the United States there appears to be much more personal individual tuition however. The same clinical instructor of nursing arts in the class-room also teaches with the help of other clinical instructors on the wards of the hospitals. The charge nurses (our sisters) help, but they do not carry this responsibility.

In the Visiting Nurse Service there seemed to be much more importance given to conferences and staff meetings where supervisors and nurses of each grade could confer and discuss the various aspects of their work and visits, and although at first I felt somewhat critical of this time, 8.30 a.m. to 10 a.m., we should possibly do well to allow more of actual duty hours for planning the duties of the students and practical nurses.

U.S. duty hours do give them much more free time at home, and they all have quite a full programme apart from their nursing work. The practical nurses in training have pre-clinical period from 8 a.m.–3 p.m.; hospital training from 7 a.m.–3 p.m.; and occasionally 3 p.m.–11 p.m. After-training with the visiting nurse service is from 8 a.m.–5 p.m. with one hour for lunch and a five day week Monday to Friday. Once in six weeks a Saturday duty may be arranged, but it would still only be a five day week of 40 hours.

I do feel that further consideration should be given to the planning and opportunities of a through working day, rather than the split duty hours, as an acceptable policy of headquarters in view of further recruitment of married nurses with home responsibilities.

The plan of the practical nurse carrying out obstetric work could never fit into our scheme of training because of our midwifery and pupils' experience. To discuss or to try to compare salaries is quite impossible. There is so much more money and more of everything in the U.S.A.

Serving the Needs of Elderly Patients

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Whilst visiting a patient one of our visitors gained the impression that the son and daughter did not realise that their mother was dying of cancer. The hospital was asked to suggest to the general practitioner that he should tell them. He did; and as a result the relatives asked him to cancel the application for admission so that the patient could remain at home, where she died a fortnight later.

As with Mrs. Jones, there are cases where equipment is wanted or even structural alterations to the house. Following an application the Service made recently, the ' Welfare of the Handicapped ' are building a downstairs lavatory and a ramp to the garden so that a patient can be independent in his wheelchair.

It would be wrong if the impression were created that all elderly patients must be kept at home or out of hospital. Admission before a condition becomes too advanced will shorten the period of treatment. If benefit from treatment is unlikely and adequate care can be provided elsewhere, it is surely the duty of everyone concerned to provide that care and so to lessen the need for chronic sick wards which few can want to enter.

Country Life

Chilworth Manor, home of Lady Heald, the Chairman of The National Gardens Scheme

National Gardens in May

THIS month Lady Heald, chairman of The National Gardens Scheme will be opening the beautiful grounds, part pictured above, of her lovely 17th and 18th century home, Chilworth Manor. Perhaps the peaceful atmosphere owes something to the generations of care which have been bestowed on this spot, for the basic design of the garden dates back to Tudor times, long before the present house was built.

May is one of the best months for visiting the gardens opened for The National Gardens Scheme. It is a time of year when they are looking at their best, and when so many gardens reach the height of their beauty, with rhododendrons, azaleas, Japanese cherries and other flowering shrubs and trees.

This month, too, embraces the Chelsea Flower Show with its astonishing array of flowers and plants which normally would never come to full flower at the same time, but which are coaxed into doing so for Chelsea week. The Gardens Scheme has again taken a small stand, No. 5 in Crossway, and hopes that everyone able to visit the show will call and see the stand.

This month also marks the first showing of a beautiful film, 'The Gardens of Britain', made and presented to the Scheme by Fisons Limited. The premiere of the film will be before an invited audience of garden owners and the press at The National Film Theatre. More information will be given in the next issue of *District Nursing*.

A delightful B.B.C. talk for the Gardens Scheme by Mr. Gilbert Harding in March was followed by a record demand for copies of the guide book. The all-round demand for the book has been higher than usual, fully justifying the increased number ordered from the printer.

Copies of The Gardens of England and Wales Open to the Public are still available, price 2*s*, from booksellers or (plus 6*d* for postage) from The Organising Secretary, The National Gardens Scheme, 57 Lower Belgrave Street, London, S.W.1.

The Liverpool Experiment

continued from page 44

superintendents, Mrs. J. Wood and Mrs. Hugh Stowell Brown, provided a headquarters for the cholera nurses, their own district nurses having attended cholera patients until the epidemic got too much for them.

Apart from this, it is clear that a mass of extra work fell upon lady superintendents in connection with the cholera nurses. As the Training School committee's report relates[5]: "As each relay of nurses came on duty, they reported themselves to the superintendent and received a list of cases to attend to, part of which were taken from the reports required to be given in by each relay going off duty, so that no case was lost sight of till the patient was convalescent or dead. The superintendents visited many of the more difficult cases themselves, and were in constant communication with the medical gentlemen, for whose uniform courtesy and kindness they express themselves most grateful."

Not unnaturally, some of the cholera nurses, hastily recruited and perfunctorily trained, were below standard. Many of them were women formerly on parish relief. The majority however did admirable work among scenes of squalor, misery and drunkenness.

Link forged with the Parish

The cholera came and went, leaving behind it a trail of destitution and debility. But a closer link had been forged between the town's health authorities and the district nursing organisation. The district nurses had set the standards and co-operated in the training of the town's emergency parish nurses. It was not long before they were called upon to repeat the process.

In 1870 Liverpool was visited by a scourge of "relapsing fever." Once again an emergency corps of parish nurses had to be recruited and once again the district nurses' organisation played an active part in directing their work.

It was not always easy. In one district "the supernumerary nurse being little superior to the patients, the lady superintendent has to deal in person with the discontent and unreasonableness of patients well enough to be taken off the books, which would not have been the case with the regular nurse." Alas, in this particular case the regular nurse had herself, "after unwearied labours," become a fever patient. In all there were 66 emergency nurses some of whom proved to be "quite useless." But not all—and when their parish employment ended with the abatement of the fever in August 1871, a number of them started work on their own account with infectious cases and three of them became regular nurses in the local fever hospitals.

These were years of deepening experience. There followed years of expansive growth. As early as 1869 Miss Merryweather had called attention to the need for more accommodation for trainees in the nurses' home. In 1870 she achieved it. Meanwhile in the same year a resident home for five district nurses was opened in the north part of Liverpool. By 1890 all the district nurses were accommodated in residential homes: north, east, west and central.

In 1898 the old pattern of organisation was drastically altered. The Royal Infirmary ceased to be the only nurse training school in Liverpool and the district nurses organisation was reconstituted as an independent association. Its governing body was a newly formed council widely representative of nurse training and civic activities, with a working executive committee. But at the lower level the old pattern remained. For the four district nurses' homes there were district committees composed of lady superintendents whose districts were served by the home.

These met but rarely; for the real work lay, as it always had, with the lady superintendents in their several districts. And with the help of certain charitable funds, they still carried the burden of day to day finance. Some of them had carried it since 1867: three Mrs. Rathbones, three Mrs. Holts, Mrs. Alexander Brown, Mrs. Gilmour, Mrs. Paget, Mrs. Bristow, Mrs. Aitkin, Mrs. and Miss Coghill and Miss Booth. Two Mrs. Rathbones and Mrs. Alexander Brown had carried it from the first.

It was of course the nurses who did the real work. But they could scarcely have done it in these early days without the ladies. The ladies were the "back-room-boys" of the fight against disorder and disease. Without their servicing the front line could not have been held. But there were "further-back-room-boys" without whom the front line could not have been serviced. These ladies, with few exceptions, had husbands and children and houses in which hospitality flowed with an expansiveness peculiar to Liverpool. No record of voluntary social service has yet paid tribute to the children's nurses, cooks, parlourmaids, and housemaids without whose ministrations the ladies would have been full-time domestic drudges, as so many ladies are today.

Thus, the Liverpool Training School and Home for Nurses founded in 1862 re-emerges in 1898 as the Liverpool Queen Victoria District Nursing Association—by which time the story of district nursing has moved to London. Liverpool, the pioneer, has ceased to be the centre. Its association has become the affiliate of a larger body—its nurses subject to that body's inspection. Why should London rather than Liverpool have been selected for the assumption of this leadership? The question was asked by many Liverpudlians—but never answered wholly to their satisfaction.

Next Month: Developments in London

REFERENCES

[1] *Florence Nightingale* by C. Woodham Smith, p. 346 (Penguin Books). [2] *Memoranda of Family Tradition and Facts*. Privately printed. [3] Ibid. [4] *Liverpool Nursing 1861–74*. [5] From a typed memorandum by Rosalind Paget in the possession of Lady Richmond. [6] *A Short History and Description of District Nursing in Liverpool* by W. Rathbone, 1900. [7] *Report from the Committee of the Liverpool Training School and Home for Nurses on the Cholera Outbreak in 1866* to the Health Committee, select vestry, and Boards of Guardians. [8] Ibid.

CLASSIFIED ADVERTISEMENTS

Advertisements for this section can be received up to first post on the 2nd of the month for publication on the 10th. They should be sent direct to: District Nursing, 57 Lower Belgrave Street, London, S.W.1. Telephone Sloane 0355.
Rates: Personal, 2½d. per word (minimum 12 words, 2s. 6d.): all other sections, 3d. per word (minimum, 12 words 3s.)
Displayed Setting: 17s. 6d. per single column inch.

QUEEN'S INSTITUTE OF DISTRICT NURSING

Nursing Officer required on **Headquarters Staff of the Queen's Institute** to assist the Deputy General Superintendent.

Candidates should hold Midwifery, Health Visitor and Q.I.D.N. Certificates. Excellent experience for those interested in administration. Languages an advantage but not essential. The successful candidate will be required to participate in the Federated Superannuation Scheme for Nurses and Hospital Officers (Contributory).

Applications should be made to the General Secretary, Q.I.D.N., 57 Lower Belgrave Street, London, S.W.1. and should be forwarded by 22nd May 1959, marked " Confidential ".

SOUTHWARK, NEWINGTON & WALWORTH D.N.A.

Assistant Superintendent required June-July. Staff approx: 20—Modern well equipped centre—furnished or unfurnished accommodation available.

Apply: Dep. Gen. Supt., Q.I.D.N., 57 Lower Belgrave Street, London, S.W.1.

KENSINGTON DISTRICT NURSING ASSOCIATION

First Assistant Superintendent required H.V. certificate. Good experience in teaching and in general administration. Staff approximately 30. Comfortable modern home—housekeeper employed.

CUMBERLAND COUNTY COUNCIL

(Affiliated to the Queen's Institute of District Nursing)

District Midwife for Whitehaven—Two required. Accommodation to be arranged.
Health Visitor for Workington—One of four.
District Nurse/Midwife for Egremont—Double district. Further vacancy later if friends interested. Furnished house provided.
District Nurse/Midwife/Health Visitor for
(*a*) **Greystoke** (Ullswater area)—Furnished cottage available.
(*b*) **Crosby** (Maryport)—Rural area near Solway coast. New house available furnished or unfurnished.
(*c*) **Ireby**—House available furnished or unfurnished.

Cars will be provided for all the above appointments.

Queen's District Training—Applications are invited from nurses S.R.N., S.C.M., wishing to work as district nurse midwives in Cumberland. Arrangements can be made for them to take four months training at an approved Queen's Nurses' Training Home.
Health Visitors' Training 1959—Scholarships value £420, plus travelling allowances, are available for nurses S.R.N., S.C.M., wishing to take a nine months course at an approved training college in preparation for the health visitor's examination of the Royal Society of Health, and subsequently to work in Cumberland for a minimum period of two years.

Applications for the combined course for district and health visitor's training also considered.

Application forms obtainable from the County Medical Officer, 11 Portland Square, Carlisle.

SOMERSET COUNTY COUNCIL
(Midwifery and Nursing Services)

Keynsham	**Health Visitor**—Duties consist of maternity and child welfare and school work. Applicants must hold the certificate of the Royal Society for the Promotion of Health. Small furnished flat available.
Burnham-on-Sea	Double vacancy for Queen's Nurse/Midwives, preferably with Health Visitor's certificate or willing to train. Very attractive furnished house. Two cars available.
Bridgwater	Full time **Midwife** required. Resident in comfortable nurses' home or non-resident. Motorist or willing to learn. Full time S.R.N. required, preferably with district training. Resident in comfortable nurses' home or non-resident.
Cheddar	Queen's Nurse/Midwife or S.R.N., S.C.M., required for group relief. New small house available. Car provided.
Weston-Super-Mare	S.R.N. required, preferably with district training. To live in comfortable nurses' home.

Help given with driving tuition in all cases, if required.

For further particulars apply to:—
County Medical Officer of Health,
County Hall,
Taunton.

NORFOLK COUNTY COUNCIL

Applications are invited for vacancies in the undermentioned areas:—

District Nurse/Midwife/Health Visitor (preferably with Queen's and H.V. Certificate or willing to train)
Aldeby, Nr. Beccles. Unfurnished house.
Burnham Market, North Norfolk. Unfurnished house.
Hilgay, Nr. Downham Market. Unfurnished house.
Hockham, Nr. Thetford. Unfurnished house.
Long Stratton, South Norfolk. Second nurse. Furnished accommodation.
Oulton, Nr. Aylsham. Unfurnished house.
Terrington St. John, Nr. King's Lynn. Furnished accommodation—house later.
Full-time Midwife (S.R.N., S.C.M., and preferably with Queen's Certificate).
East Dereham. Unfurnished house.
Watton. Furnished accommodation—House being built.
General Nursing (S.R.N. preferably Queen's Nurse).
Fakenham. Increase of staff. One of three nurses living separately. Furnished accommodation.
Sprowston (fringe area of Norwich). Increase of staff. One of three nurses living separately. Furnished accommodation.

Facilities available for Health Visitor and Queen's Nurse training with a view to generalised duties.

Staff needed for relief duties—holidays or longer periods.

Whitley Council salaries and conditions of service.

Successful applicants can use their own cars (loans available for purchase) or cars can be provided. Consideration will also be given to supplying furniture, if required.

Application forms from County Medical Officer, 29 Thorpe Road, Norwich.

ST. HELENS DISTRICT NURSING ASSOCIATION

First Assistant Superintendent required. H.V. Certificate preferred. Post provides experience in general administration and in the training of Student District Nurses. Motorist or willing to learn. Accommodation provided in comfortable well equipped home.

Apply: Dep. Gen. Supt., Q.I.D.N., 57 Lower Belgrave Street, London, S.W.1.

MALTA MEMORIAL D.N.A.

District Nurse/Midwives required for Malta, Queen's preferred or willing to take four months training. Salary and conditions of service in accordance with Whitley scales. F.S.S. Motorist or willing to learn.

Cost of out-going journey by air will be paid by the Association.

Further particulars may be obtained from the Dep. Gen. Supt., Q.I.D.N., 57 Lower Belgrave Street, London, S.W.1.

Other Advertisements on p. 48

APPOINTMENTS

HEREFORDSHIRE COUNTY COUNCIL

Health Visitors Training Course

Scholarships are offered for Health Visitor's training or combined Health Visitor/Queen's District Training Courses commencing September, 1959, at recognised training centres. Grant during training of 75% of minimum of Health Visitor's salary scale plus tuition and examination fees. Candidates required to undertake generalised or full time Health Visitor duties in the County upon completion of training.

Hereford City

Health Visitor required for full-time Health Visitor/School Nurse duties.

District Nurse/Midwives—Two required for combined duties. Would suit two friends, normally off duty together. Good accommodation, furnished or unfurnished. Cyclists or motorists—car provided.

Rural Districts

District Nurse/Midwives preferably with Queen's and Health Visitor's Certificate, or willing to train. Generalised duties. Motorists—cars provided or allowances for own cars. Houses, furnished or unfurnished. Suit two friends, normally off duty together.

Kingsland I and Pembridge—(Kington/Leominster area).

Lugwardine and Stoke Edith—(Hereford/Ledbury area.)

Application forms and terms of appointment may be obtained from the County Medical Officer, 35 Bridge Street, Hereford.

WEST SUFFOLK COUNTY COUNCIL

Two District Nurse/Midwives required in August, for a pleasant double district near Essex border. Suit friends or sisters.

Modern furnished house.

Applicants should be motorists and cyclists.

Conditions of service as recommended by Whitley Council for Health Services.

Apply County Medical Officer, Westgate House, Bury St. Edmunds.

PERSONAL

CENTENARY COOKERY BOOK

The closing date for recipes has been extended to **31st May, 1959.**

Send your recipes with a 2*s* 6*d* postal order/cheque (payable to N. M. Dixon) for each recipe to: *Miss N. M. Dixon, Chairman, Association of Queen's Nurses,* 144 *Holly Lodge Mansions, Highgate, London, N.*6.

HAVE YOU HAD YOUR COPIES BOUND?

Readers who wish to have their copies of **District Nursing** Volume I bound should send them with a remittance for 15*s* 0*d* to **W. Heffer & Sons Ltd., 104 Hills Road, Cambridge.**

Only complete sets can be accepted and these should have your name and address attached.

If your set is short, write to the *Circulation Department, District Nursing,* 57 *Lower Belgrave Street, London, S.W.*1., enclosing 1*s* 4*d* (including postage) for each back number required.

BOLTON Q.I.D.N. HEALTH VISITOR TRAINING CENTRE

A Reunion of former students has been arranged for Saturday 6th June 1959 at 2 p.m. at Bolton Technical College.

An invitation has been sent to each former student at the address on the record card, which may not be your present one.

If any former student has not received an invitation, will she please communicate with the Organising Tutor, Bolton Technical College.

FORD FOUNDATION

English-Speaking Union Travel Grant 1959-60 to the United States for a Public Health Nurse

The English-Speaking Union invites applications from Public Health Nurses in Great Britain for one Ford Foundation—English-Speaking Union Travel Grant to the United States.

The Grant may be taken up between mid-September, 1959 and the end of June, 1960, and provides for trans-Atlantic travel, extensive travel in the United States, and a daily subsistence allowance for 56 days to be spent in that country.

Applicants should be under the age of 50 and can obtain further particulars and application forms from the Secretary, the English-Speaking Union of the Commonwealth, Dartmouth House, 37 Charles Street, London, W.1., to whom completed applications should be returned not later than May 30th, 1959.

QUEEN'S NURSES' BENEVOLENT FUND

THE ANNUAL MEETING and BRING AND BUY SALE

will be held on FRIDAY, JUNE 5th 1959 at 3 p.m. at Portsmouth Victoria Nursing Association, Beddow House, Northern Parade, Portsmouth. Miss M. Cunliffe, the Superintendent of the Home will gladly receive gifts in money or kind for the Bring and Buy Sale. Subscribers and friends are asked to give their support to this effort.

YOUR ROUTE :

By road–A3 over Portsbridge. Hilsea Lido is almost next door to the home.

Train from London to Portsmouth and Southsea Station (not the Harbour Station) all buses except the one to Alexandra Park go to Hilsea Lido.

From Southampton and Bournemouth–Cosham Station then bus to Hilsea Lido.

NEW UNIFORM DESIGNS WANTED

A number of complaints regarding the uniform washing dress have recently reached the Institute. Many nurses find that after repeated washes their dresses shrink so that the waist seam is several inches higher than it should be.

The Queen's Institute is now considering the question of new designs for Queen's uniform, including the washing dress. It has already received some suggestions, e.g. a princess-style dress with no waist seam, and now invites all Queen's nurses to submit designs.

If you have any ideas on this subject, whether for dress, cap or coat, send them to the General Superintendent, Q.I.D.N. If you cannot sketch, describe your suggestion as briefly as possible.